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ABSTRACT

This paper describes Laurelhurst Manor's family treatment program to help families affected by chemical dependency, a 7-month program which treats family members from the perspective of developmental stages and family roles. The center, located in Portland, Oregon, is a 40-bed, free-standing facility having a 20-bed adolescent unit and a 20-bed adult unit. The family program, which addresses the unique needs found in each unit, is discussed. Included is a description of an innovative program for children between the ages of 6 and 17 who are sons and daughters of clients in the adult unit or siblings of adolescent residents. Format and techniques are presented which address children's issues. The use of art, play therapy, and role play to help children live emotionally healthier lives by fostering understanding of alcoholism and its effects upon their family is explained. The importance of teaching basic family living skills, including effective ways of sharing feelings and developing assertive communication styles is addressed. The use of family sculpting to facilitate understanding among family members of accustomed roles and relationships is discussed. The paper also describes the approaches used in the treatment of parents of adolescent clients and spouses, adult children, and other family members of adult residents. Relevant materials, including a description of the components of the family program, are appended. (Author/NB)

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THE FAMILY IN TREATMENT

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ABSTRACT

It has been well documented that alcoholism treatment needs to address family dysfunction. Persons experiencing the progressive stages of alcoholism have profound impact upon the lives of those with whom they most closely associate. In the familiar Satir/Wegscheider/Black models of familial homeostasis, all persons in the family system are seen to have adjusted to the illness in ways which are personally damaging. To treat the alcoholic as if he has been operating in a vacuum is now recognized as being not only much less likely to be effective, but irresponsible as well. Treatment needs to focus on the family system, all members of which are in need of help.

Specific aspects of family dysfunction have been identified and widely publicized in the literature of the last 10 to 15 years. The problem remains as to how best to address these issues in the treatment continuum. Cost containment must be considered, as well as a time frame realistic of ages and activity schedules of family members.

This paper will describe a family treatment program which is designed to treat family members from the perspective of developmental stages and family roles. The Center is a 40-bed, free-standing facility having a 20-bed adolescent unit and a 20-bed adult unit. The family program addresses the unique needs found in each unit. Included is a description of an innovative program for children ages 6 through 17 who are sons and daughters of clients in the adult unit or siblings of adolescent residents. Format and techniques will be presented which address children's issues which have been repeatedly identified.

Goals of this section include helping children live emotionally healthier lives by fostering understanding of alcoholism and its effects upon their family, as well as prevention of their own potential dependency on alcohol or other drugs. The art, play therapy, and role play used to accomplish these goals will be described and a slide presentation made to demonstrate the use of art in therapy.

The teaching of basic family living skills is an integral part of all sections of the family program and has been found to be the most effective use of the time available. These skills include effective ways of sharing feelings, as well as assertive communication styles. The use of family sculpting to facilitate understanding among family members of accustomed roles and relationships is discussed. Families who are found to be in need of more in-depth therapy are referred to appropriate agencies in the community for continued help. The paper will also describe the approaches used in the treatment of parents of adolescent clients, as well as spouses, adult children, and other family members of adult residents.

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THE FAMILY IN TREATMENT:
COMPONENTS OF FAMILY THERAPY IN A 40-BED, RESIDENTIAL, FREE-STANDING FACILITY TREATING ADOLESCENT AND ADULT CLIENTS FOR CHEMICAL DEPENDENCY

By

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Laurelhurst Manor provides treatment over a seven-month period to families affected by chemical dependency. Treatment follows a continuum, beginning with an initial assessment of needs and ending with a six-month period of continuing care. Most of the program is conducted in evening sessions which allows for maximum participation by working family members and school-age children. Because families affected by chemical dependency have often become emotionally distant and distrustful of each other, all members attend most family sessions as a unit. The goal of family treatment at Laurelhurst Manor is to help clients achieve an emotionally healthy family system. Family members are helped to understand themselves and each other and to learn effective ways of relating to one another. In this way the healing of damaged family relationships is begun and all may find reward in achieving a sober and healthy family environment.

ORIENTATION

At the time of resident admission, family members are notified of an intial orientation session which occurs within the first week. This session is educational in format and provides knowledge about chemical dependency, the addiction process, and contributes to better understanding of "what happened" to the chemically dependent family member. An intake appointment is scheduled with the family member(s) at this first orientation session.

At the intake interview, information is gathered which will allow an accurate assessment of family needs. This interview is held with family members only and is, thus, helpful in allowing the family a time to voice concerns, as well as resentments and frustrations, without the presence of the chemically dependent member. Treatment planning for the first 30 days is done for the family at this time, and members are assigned to family program components appropriate to their needs. (See Appendix #1.)

A second orientation session is held, also, within seven to ten days of resident admission. This, too, has an educational format and provides information about common family responses to chemical dependency. The plan here is to help all family members understand what happened to the family as dependency was progressing. Both orientation sessions are attended by the total family unit in an effort to help members understand each other better and to provide awareness of the way in which the entire family has been affected by drugs and/or a drug-using member.

FAMILY THERAPY

Family therapy is scheduled in an intensive, four-session series during the third or fourth week of residential treatment. These sessions build upon the foundation of understanding begun during the orientation classes and focus on repairing family relationships. They include four didactic presentations which are introduction to group process, teaching of communication skills, a lecture on feelings, and issues of recovery. Each of the four sessions includes an hour of individual family communication practice and an hour of multi-family group therapy. Programmed communication exercises are used to facilitate the first sessions of communication practice. (See Appendix #2.) These sessions have been found to be especially effective. The use of sculpting family roles has also been used with good results, as it tends to raise awareness quickly and powerfully. This technique is most often employed during the multi-family group therapy sessions.

EXIT INTERVIEW

At the conclusion of the four family therapy sessions, an exit interview is scheduled with each individual family. This session is held immediately before or after the end of the 30-day residential phase and is used to define the current state of family relationships and to plan for treatment needs during the six-month continuing care phase. New communication skills are used in this session, and some sculpting has been used to dramatize family goals during early recovery.

NEW FAMILIES GROUP

A weekly New Families Group is held for family members only during the residential phase of treatment. This group meets with a family counselor who facilitates expression and resolution of negative feelings which are as damaging to the person holding them as to the total family unit. Assignments are made in this group, e.g., the compiling of an autobiography of family response to the chemical dependency to aid in individual self-awareness. This is seen to be a safe and free atmosphere in which to ventilate and work through family pain.

AL-ANON

Family members receive an introduction to Al-Anon at a Newcomers Al-Anon group which meets weekly. Additionally, there is a Saturday evening Al-Anon meeting held at the same hour as an A.A. meeting and a weekly parents Al-Anon group. All family members are strongly encouraged to attend Al-Anon at least weekly during the entire seven-month treatment.

CHILDREN'S PROGRAM

Two innovative components in family treatment developed during the past year are a children's program and an eight-week parenting class.

The children's program addresses the treatment needs of sons, daughters, and siblings of the adult and adolescent residents. Goals are to help children aged 6 through 17 by fostering understanding of chemical dependency on drugs/alcohol. A children's therapist uses art and play therapy, role play, and films with group discussions to accomplish these goals. A Saturday Day Camp is held monthly, and evening groups are held twice weekly concurrently with groups and meetings held for older family members. Issues often addressed during children's sessions are feelings, self-esteem, choice making, protection, feeling responsible for making someone use or drink, commonality of pain, and feeling different. Communication skills are taught and education provided via films, games, and exercises. An "ungame" was developed using questions about chemical dependency. Sessions are balanced with fun activities such as "Are You My Friend" following more serious discussions and sharing of painful feelings and events.

Many adult clients refuse to enroll their sons and daughters in the children's program. Statements such as, "My children don't need to attend anything like that;" "they have not been affected by my drinking/using;" "they didn't even know I was using/drinking" are common. To overcome this resistance, staff has presented the children's sessions as an essential part of family treatment and

as a treatment expectation when the resident is admitted. Following are some slides of therapy art which contradict our resident clients' statements. Resources used in establishing the children's program are listed on the reference sheet. Parents of children aged 2 to 6 are encouraged to use the Claudia Black workbook, "My Daddy Loves Me--My Daddy Has a Disease," with their children. Used as a tool, this book can facilitate discussion and help overcome the "don't talk, don't feel, don't trust" rule so frequently seen in families affected by chemical dependency.

PARENTING CLASS

A common group topic during early parents' continuing care sessions was parenting itself. Out of the frequently expressed frustration of parents attending these sessions grew the Laurelhurst Manor answer: a parenting class. The class is presented in eight weekly sessions and is repeated every ten weeks. The Systemic Training for Effective Parenting course is used, and sessions are based on this workbook. Class members are asked to read chapter one initially and then may enter the series at any point. Parents are requested to begin attending classes at the time of their children's admission to the adolescent treatment program. The classes have proved to be an extremely effective adjunct to the family therapy sessions and are continued into the first month of continuing care. Members learn assertive communication skills, family problem solving techniques, guidelines for family meetings, and how to formulate workable house rules with consequences. The course promotes the understanding of children's behavior and teaches realistic expectations along the continuum of developmental stages. Parents learn to avoid autocratic, as well as permissive, parenting and to practice instead democracy within the family unit. The goal of parenting, i.e., the guiding of a child toward becoming an independent, responsible adult, we believe, is greatly enhanced by use of this model.

CONTINUING CARE

Following the 30-day residential treatment, a six-month continuing care phase is begun. Family members attend a weekly, counselor-led support group, as do the former residents. Support groups include a parent group, adult family group, and children's group.

A monthly multi-family group is held as well in the adolescent program to allow for work on family issues as a total family unit. These groups are necessarily large, but families relate to the commonality of feelings, and there is encouragement in seeing others' progress in recovery. Occasionally, families are seen in individual family sessions on an "as needed" basis during early recovery. However, for families with severe dysfunction, a referral is made to an appropriate resource in the community for more intensive and ongoing family therapy. Victims and perpetrators of abuse are referred for therapy for these issues to outside agencies.

STAFFING

Although this family treatment design is fairly comprehensive, adequate staffing has been minimal and, thus, the total cost of the family unit has been included as part of the total cost of the resident's treatment for the seven-month program. The current charge is successfully competitive in the local community. Staff for the family unit includes one full-time coordinator/counselor, a second full-time counselor, an 80% time counselor, and a part-time children's therapist. Additionally, student volunteers assist with the Children's Day Camp. The program has been developed to meet client needs as cost effectively as possible. Under consideration for the future is the possiblity of a couples' group to be held during the last two months of the continuing care phase or during an intensive weekend retreat.

By meeting the treatment needs of the family, recovery for all family members is greatly enhanced. There is, as well, real hope for prevention of alcoholism and other chemical dependencies in future generations.

APPENDIX I

COMPONENTS OF FAMILY PROGRAM

1. Orientation I: an informational meeting for all Laurelhurst Manor clients and their families, designed to educate about the process of addiction to a variety of drugs. This is also open to the public at large, free of charge.

2. Orientation II: an informational meeting offered on alternate weeks to families of adolescent and adult clients, designed to educate about the dynamics of family responses to addiction. Clients attend this with their family members.

3. Family Treatment: a series of four sessions attended by clients with their families, designed to improve family relationships by promoting understanding via family communication exercises and multi-family group counseling.

4. Parenting Class: an eight-week series which uses the Systematic Training for Effective Parenting (S.T.E.P.) program to teach parenting skills to parents of adolescent clients, as well as to all interested adult client families.

5. Day Camp: a one-day program for children ages 6-17 who are affected by a chemically dependent family member. A children's therapist teaches about chemical dependency and provides emotional support via art and play therapy. This is important as a preventative to the potential of chemical dependency in the child's life. This program is available to children of non-residents, as well as residents. A small fee is charged to non-residents.

6. Children's Group: a bi-weekly support group for children ages 6-17, who are affected by a chemically dependent family member. A children's therapist meets with this group which is also available to children of non-residents for a small fee.

7. Adolescent Family Continuing Care Group: a support group for parents of adolescent clients offered for six months following residential treatment of the adolescent.

8. Adult Family Continuing Care Group: a support group for families of adult clients offered for six months following residential treatment of the adult client.

9. "New Families" Support Group: a group for families of clients which meets weekly during the 28-day residential phase of client treatment. Designed to provide emotional support to family members.

10. Al-Anon Meetings: three per week are offered; two coincide with the Wednesday and Saturday night A.A. meetings. The Wednesday meeting is a Newcomer's Group to introduce families to Al-Anon. A parent's Al-Anon group meets on Thursday night as well. This meeting coincides with the adolescent continuing care meetings on Thursday evenings. A children's support group meets during the same hours.

NOTE: All meetings begin at 7:00 p.m. unless otherwise noted

FAMILY PROGRAM

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
WEEK OF: Visiting: Adults 1-5pm Youth 1-3 pm	1. Adult Family Treatment (1) 2. Orientation I 3. "New Families" Support Group	1. Family Treatment (2) 2. Parenting Class 3. Adolescents' Family Continuing Care Group 4. Children's Group	1. Family Treatment (3) 2. Orientation II Families of adult residents 3. Newcomer's 3. Al-Anon Group 8:00 p.m.	1. Family Treatment (4) 2. Adults' Family Continuing Care Group 3. Parents Al-Anon 4. Children's Group		1. Al-Anon Meeting 8:00 p.m.
WEEK OF: Visiting: Adults 1-5 pm Youth 1-3 pm	1. Youth Family Treatment (1) 2. Orientation I 3. "New Families" Support Group	1. Family Treatment (2) 2. Parenting Class 3. Adolescent Family Con-uing Care Group 4. Children's Group	1. Family Treatment (3) 2. Orientation II Families of adolescent residents 3. Newcomer's Al-Anon Group - 8:00 pm	1. Family Treatment (4) 2. Adults' Family Continuing Care Group 3. Parents Al-Anon 4. Children's Group		Al-Anon Meeting 8:00 p.m.
WEEK OF: Visiting: Adults 1-5 pm Youth 1-3 pm	1. Adult Family Treatment (1) 2. Orientation I 3. "New Families" Support Group	1. Family Treatment (2) 2. Parenting Class 3. Adolescents' Family Continuing Care Group 4. Children's Grp.	1. Family Treatment (3) 2. Orientation II Families of Adult residents 3. Newcomer's Al-Anon Group 8:00 p.m.	1. Family Treatment (4) 2. Adults' Family Continuing Care Group 3. Parents Al-Anon 4. Children's Group		Day Camp 10 a.m. - 3 p.m. Al-Anon Meeting 8:00 p.m.
WEEK OF: Visiting: Adults 1-5 pm Youth 1-3 pm	1. Youth Family Treatment (1) 2. Orientation I 3. "New Families" Support Group	1. Family Treatment (2) 2. Total Family Continuing Care Group for families of adolescents 3. Children's Grp.	1. Family Treatment (3) 2. Orientation II Families of adolescent residents 3. Newcomer's Al-Anon Group 8:00 p.m.	1. Family Treatment (4) 2. Adults' Family Continuing Care Group 3. Parents Al-Anon 4. Children's Group		Al-Anon Meeting 8:00 p.m.

APPENDIX 2

COMMUNICATION EXERCISE

Read silently. Do not look ahead in this booklet.

A theme that is frequently voiced when families come together in treatment is: "I'd like us to be closer, but I don't know how." Getting to be close with another person involves a learnable set of skills and attitudes: self-disclosure, self-awareness, non-possessive caring, risk-taking, trust, acceptance and feedback.

In an understanding, non-evaluative atmosphere, one confides significant data about himself to another who reciprocates. This "stretching" results in a greater feeling of trust, understanding, and acceptance; and relationships become closer, allowing for more significant self-disclosure and greater risk-taking. As the family continues to share their experience authentically, they come to know and trust each other in ways that may enable them to be highly resourceful to each other.

This encounter experience is designed to help bring family members to a fairly intimate level. The discussion items are open-ended statements and can be completed at whatever level of self-disclosure each wishes. The following ground rules should govern the experience.

Do not look ahead in this booklet.

Take turns initiating the statements.

Each person responds to each statement before continuing. The statements are to be completed in the order in which they appear.

You may decline to respond to any statement. Simply say, "On this statement I would like to pass."

Stop the exercise when anyone is becoming obviously uncomfortable or anxious. Anyone can stop the exchange.

If you have all finished reading, turn the page and begin.

"I would like to be known for. . . . ."

"My favorite recreation is. . . . ."

"At home, the thing I like to do most is. . . . ."

"Three things that are important to me are . . . . ."

"The reason I'm here is . . . . ."

"Right now I'm feeling. . . . ."

One of the most important skills in getting to know another person is listening. In order to get a check on your ability to understand what your partners are communicating, you should go through the following steps one at a time.

The first speaker is to complete the following item in two or three sentences:

"When I think about the future, I see myself...."
The second speaker repeats in his own words what the first speaker has just said. The first speaker must be satisfied that he has been heard accurately.

The second speaker completes the same item himself in two or three sentences.

The first speaker then paraphrases what the second speaker just said, to the satisfaction of the second speaker.

Share what you may have learned about yourself as a listener with your partner. To keep a check on the accuracy of your listening and understanding, the two of you may find yourselves later saying to each other, "What I hear you saying is. . . . ."

Now continue the excercise:

"When I'm in a new group I. . . . ."

"When I enter a room full of people I usually feel. . . . ."

"When I'm feeling anxious in a new situation I usually. . . . ."

"In groups I feel most comfortable when the leader. . . . ."

"I'm happiest when. . . . ."

"The thing that turns me on the most is. . . . ."

Look your partner in the eyes while you respond to this item:

"Right now I'm feeling. . . . ."

Self-disclosure about likes and dislikes can be helpful in building trust and an atmosphere of open communication.

The following are additional open-ended statements that may need brief explanations to help your partner understand what they mean to you.

"The place I remember spending 2 great days in a row is ....."

"The last thing I made with my hands is . .. . . ."

"One value I wouldn't change is . . . . ."

"The most significant person in my life has been / is . . . . . "

"The last person/place I sent a letter/phone call of protest to was . . ."
"The last person I gave a compliment to was . . ."
"In a group I usually get most involved when . . ."

Listening check: "What I hear you saying is . . ."
"To me, taking orders from another person . . ."
"I rebel when . . ."
"In a working meeting, having an agenda makes me feel . . ."

Checkup: Have a two or three minute discussion about this experience so far. Keep eye contact as much as you can, and try to cover the following points:

"How well are you listening? How open and honest have you been? How eager are you to continue this interchange? How well do you feel that you are getting to know each other?

"One thing that others can say to me that makes me feel good is . . ."
"Right now I'd like to say . . ."
"At this time, I feel . . ."
"One thing I like about this activity is . . ."
"One thing I know about you that I didn't know about before is . . ."
"The thing I like best about you is . . ."
"You are . . ."
"Before we go on to another activity, the last thing I'd like to say is . . ."

Time permitting, you might wish to continue this encounter through topics of your own choosing. Several possibilities are: money, religion, politics, race, marriage, the future, and your family.

This exercise is adapted from "Dyadic Encounter" by John E. Jones and Johanna Jones, University of Iowa.
For future ideas refer to: "A Handbook of Structured Experiences for Human Relations Training," Volumes 1, 2, 3 and 4 -- University Associates, P. O. Box 615, Iowa Citty, Iowa 52240

APPENDIX 2

DYADIC RENEWAL: A PROGRAM FOR DEVELOPING ONGOING RELATIONSHIPS

Read silently. Do not look ahead or thumb through this booklet.

Dyadic Renewal is a series of open-ended statements intended to help you examine your relationship with another person and practice new modes of interacting. This discussion is intended to be confidential.

One of the underlying assumptions of this booklet is that all relationships periodically need renewal. This program provides an easy and nonthreatening structure to help you take time out from everyday living to look at yourselves, at who you are, and at where you are going.

One important element in relationships is good communication. In order to facilitate this, listening checks have been placed at appropriate intervals. A listening check involves repeating your partner's statement in your own words, in order to assure that you have heard it correctly.

Opportunities have also been provided for you to talk about your feelings and to express yourself nonverbally as you go through the booklet.

It is important that you:

1. Be open and accepting of your partner's responses.
2. Talk about your own feelings. Use "I" statements rather than "you" statements.
3. Feel free to skip any item.
4. Use this activity to share information, rather than to solve problems.
5. Be willing to take risks.

Again, it is important that you do not look ahead since the program is based on the assumption that spontaneous, here-and-now answers are best. Thinking ahead for an answer will block your hearing of your partner's response.

Directions:

Both persons are to complete each statement. You are encouraged to amplify the discussion by adding to the statement. One person should respond initially to all items numbered # 1. The other person responds initially to all items numbered # 2. (Do not write in the booklet.)

If your partner has finished reading the directions, begin.

'he first time we met was... 1	The needs you satisfy in me are... 2
'he Amount of time we have known each other is 2	Some of my needs that are not being completely satisfied are... 1
'he Kind of relationship we have is 1	Right now I feel... 2
'ne adjective to describe our relationship 'ould be... 2	A song that reminds me of you is... 1
'ne way in which we are alike is... 1	The Amount of time I spend alone is... 2
'ne way in which we are different is... 2	Listening check: Are you saying that..?
f our relationship were a film, it would e called.... 1	One of your greatest assets is... 1
. peak experience in our relationship was.. 2	ı am proud of you when... 2
. place I would like to share with you is... 1	Something you have helped me to learn about myself is... 1
: find your friends to be... 2	One of the feelings with which I have the most trouble is... 2
'hen we meet new people, I... 1	The way I deal with troublesome feelings now is... 1
'hen I am with you in a social situation [feel... 2	Listening check: "What I hear you saying is..."
)ne of the most "fun" things we ever did was.. 1	I feel indecisive when... 2

I am most "suspicious" of you when...

1

I assume you know that...

2

If I could make you over, I would never change...

1

You are most helpful when...

2

Express to your partner how you are feeling right now without using words.

I am afraid...

1

I like it when you...

2

You annoy me when you...

1

One thing I regret having done is...

2

A habit of mine that bothers me most is...

1

Your greatest strength is...

2

I do not like it when you...

1

Something I dislike about you that we seldom talk about is...

2

I have the most fun with you when...

1

If I had all the money in the world, I would

1

A frequent fantasy I have about you is...

2

When we have an intellectual discussion...

1

You tend to talk a lot about...

2

When I don't want to answer questions, I...

1

When I can't express something to you, I...

2

This experience...

1

A thing that is helping us to grow closer is

2

The things I most like to do with you are..

1

I tend not to tell you about...

2

Something I am usually reluctant to discuss is...

1

Somthing I have always wondered about is..

2

I think you avoid me when...

1

An area in which I would like to feel more equal to you is...

1

I feel inferior to you when...

2

I feel rebellious when...

1

Try to make your partner laugh without using words...

I need you most when...

2

To keep from being hurt, I...

1

It hurts me when...

2

When I hurt you, I...

1

I get discouraged or frustrated when...

2

I think you are unfair when you...

1

When you are pouting, I feel...

2

Listening check: "It sounds to me as if you are saying that..."

1

The things that hold us together are...

2

The habit you have that bothers me most is..

1

I become most defensive when you

I was most angry with you when...

2

When we fight...

1

When I feel as if I have lost, I...

2

Right now I am feeling...

1

I think that you do not give me a chance to.

2

An important thing or issue between us right now is...

1

Listening check: "What I think you are saying is...

I find that being open with you is...

2

One thing I have always wanted to talk more about is...

1

I wish you would let me know when I...

2

I think it would be fun to...

1

If I wanted to make you laugh, I would...

2

A pattern I see in our relationship is...

1

Try to tell your partner how you are feeling without using words...

2

The part of my body that I like most is..

1

2 The part of my body that I like least is.	2 One of the times that bothered me most in our relationship was...
1 What I like most about your body is...	1 What I like best about our relationship is...
2 The ways I like you to touch me are...	2 In the future, I would like our relationship to become more...
1 Right now I am feeling...	1 The type of relationship I do not want to develop with you is...
2 My attitudes about premarital and extramarital sex are...	2 The thing I value most in life is...
1 I feel jealous when...	1 I believe in and am committed to...
2 I feel most tender toward you when...	2 In five years, I see us...
1 Listening check: "I think I hear you saying that..."	1

You may wish to continue this discussion by generating a list of topics of your own choosing and responding to those that interest you most, e.g. careers, money, family, sex.

You may also wish to set a date to use Dyadic Renewal again with your partner. Relationships periodically need renewal.

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